

Influence of the News Media on Diagnostic Testing in the Emergency Department

Vijaya Sharma, MBBS, MPH; M. Denise Dowd, MD, MPH; Douglas S. Swanson, MD; Andrew J. Slaughter; Stephen D. Simon, PhD

Objective: To examine the association between mass media attention regarding invasive group A streptococcal (GAS) disease and testing for GAS in a pediatric emergency department (ED).

Design, Setting, and Participants: An observational analysis was performed of patients who had GAS tests done in a pediatric ED between December 1, 1999, and November 30, 2001. Data were analyzed by dividing each of the 2 years into 4 consecutive 90-day intervals. Data including age, date of the visit, presenting complaint, primary discharge diagnosis, whether a GAS test was obtained, and the results were collected from an electronic data repository. The date of the news stories, the station, and the duration of the broadcast were collected from electronic archives of the local newspaper and a broadcast monitoring service.

Main Outcome Measure: The rate of GAS tests

done per 1000 ED visits and the rate of positive tests per 1000 ED visits.

Results: An average of 103 GAS tests were performed per 1000 ED visits in the December through February period in year 2 compared with 55 GAS tests per 1000 ED visits in a similar period in year 1. This difference was statistically significant (difference, 48 tests; 95% confidence interval, 24-72 tests; $P < .001$). There were no significant differences in the proportion of positive tests (32% in year 1 vs 20% in year 2; mean difference, -11%; 95% confidence interval, -23% to 1%; $P = .07$). There were a total of 16 newspaper articles and 34 television stories on GAS during the 2-year study period. The peak in GAS tests and the peak in media events were concomitant.

Conclusions: A surge in news stories regarding GAS disease was associated with an increase in testing for GAS in a pediatric ED.

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GROUP A streptococci (*Streptococcus pyogenes*) (GAS), commonly referred to in the lay press as "the flesh-eating bacteria," causes a variety of illnesses in children ranging from a mild pharyngitis to less common but more severe invasive infections. Clinically, differentiation between viral and GAS pharyngitis is not always possible. Previous reports^{1,2} have shown that physicians tend to misdiagnose GAS as a cause of pharyngitis. One study showed only a 21% rate of agreement between physicians on the subjective probability estimates of a positive culture.³ To decrease this uncertainty, laboratory confirmation for the presence of GAS is recommended⁴ and usually accomplished by a rapid test for GAS.

There has been a resurgence of invasive GAS infections since 1987 in the form of streptococcal toxic shock syndrome,⁵⁻¹⁰

bacteremia, and necrotizing fasciitis. Such infections have been reported as occurring sporadically, with occasional identification of clusters.¹¹⁻¹² The skin or mucous membrane is believed to be the portal of entry in most cases.⁷ Invasive GAS disease rarely follows GAS pharyngitis.⁴ There are currently no recommendations and no scientific evidence to support performing a rapid test for GAS to prevent invasive GAS disease.

The influence of the mass media on behavior is well studied.¹³⁻²⁰ Knowledge of these effects has been used successfully in the commercial sector.²¹ The public health community has taken advantage of the mass media to influence behavior in the areas of cancer screening and injury prevention.²² Mass media has the capacity to reach and influence millions of people simultaneously. While much is known about the influence of the media on consumer behavior, there are few reports of the in-

From the Departments of Pediatrics, Children's Mercy Hospital and University of Missouri School of Medicine at Kansas City (Drs Sharma, Dowd, Swanson, and Simon), and Department of Information Services, Children's Mercy Hospital (Dr Slaughter).

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